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Polyps of the Male Urethra.

BY

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Out-Patient Department of the New York Hospital.

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OUT-PATIENT DEPARTMENT OF THE NEW YORK HOSPITAL.

POLYPS of the male urethra are so rarely diagnosed during life that it is worth while reporting the following cases, which may be found, for various reasons, interesting and instructive:

CASE I—J. L., fifty-nine years old, had never had gonorrhœa or other venereal disease. He enjoyed perfect health up to the beginning of June, 1890, when he was suddenly, without apparent cause, unable to pass his urine. Notwithstanding the strongest efforts, not one drop could be voided, while up to that date the stream had been normal and the micturition had not been accompanied by pain. Internal medication, Sitz-baths, and rest were inefficacious. It therefore was necessary to catheterize the patient. This was done without trouble. As he was not able to pass his urine for the following two days, he was sent by his physician to a hospital. There urethrotomy, internal and external, was at once performed. The patient made a normal recovery and was discharged at the end of six weeks. He then came to the writer for the passage of sounds.

He complained of difficult and frequent micturition, the stream when it came being unsatisfactory. There was also a rather profuse purulent discharge consisting of epithelium and

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pus cells. Microscopical examination did not, however, reveal any gonococci. The urethra was very tender, especially near the bulb and in its posterior part. A sound No. 14 English passed with some difficulty, always causing a hæmorrhage from the urethra lasting for one to two days. As these symptoms were without apparent adequate cause, I subjected the patient to an endoscopical examination in the presence of two colleagues. One of them expressed rather pessimistic views as to the value of this method for diagnosis. It strangely enough happened that I remarked that if in one thousand examinations one polyp should be discovered, the labor would be well repaid.

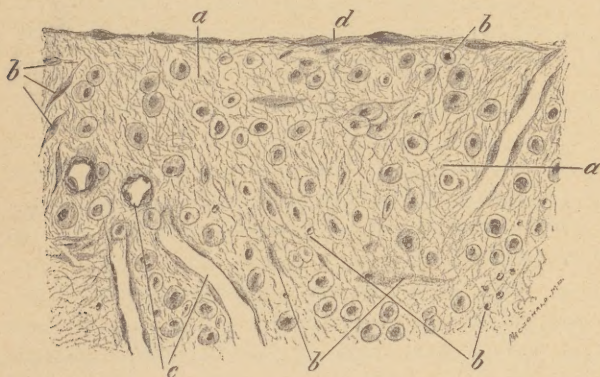
On withdrawing the endoscope, near the bulb, a prominent body like a growth was visible, nearly filling the entire field of vision. The bright-red color of this tumor contrasted with the paler hue of the surrounding mucous membrane, to the upper and left wall of which the tumor was attached by a broad pedicle. The growth was of the size and shape of a split bean, the free convex surface moist and shining. The foregoing characteristics led me to make the diagnosis of a mucous polyp.

Various instruments for the removal of these tumors of the urethra have been recommended. The removal in the present instance was as follows: Having brought the growth prominently in view, the endoscope was closely pressed against that side of the urethra from which the polyp sprang. The penis was then well stretched, and by a sharp pushing movement the tumor was easily and cleanly sliced from its base. The removal was complete and painless, the bleeding minimal, and the wound smooth and clean-cut.

This case is of special interest because the patient had submitted to radical operations with only partial amelioration of his symptoms. Without the endoscope he might have remained a sufferer for a long time, or perhaps even been given up as having incurable gleet.

The tumor, hardened in alcohol, imbedded in celloidin, and stained with hæmatoxylin, was found to consist of a basement substance of clear transparent tissue, in spots slightly

granular; in other places, fibrillary tissue—transformation of fibrillary into mucous tissue. In this mass were numerous round cells and many small blood-vessels imbedded, the whole being surrounded by a capsule composed of flattened epithelium.



a, intercellular tissue; *b*, cells (spindle-shaped, round, and mucous); *c*, blood-vessels; *d*, capsule.

In addition to the foregoing case, I wish to relate another instance of urethral growths of a different nature.

CASE II.—A. K., twenty-four years old, consulted me for a urethral discharge which seemed to be of a gonorrhoeic nature. I must state that neither microscopical nor endoscopic examinations were made, but simply that an injection was prescribed which did not relieve the symptoms. Then my attention was drawn to a few small venereal warts on the prepuce, and a still smaller one on the meatus. Thus being made suspicious that similar appearances might be inside the urethra, I examined the patient endoscopically and found in the neighborhood of the fossa navicularis three warty growths each of about the size of a pea. They were of a dark-red color, bleeding upon the slightest touch with the probe, and were exceedingly tender. They

resembled so much the external vegetations that there could be no doubt as to their identity.

They were easily removed by a small, sharp spoon, and, on account of their bleeding, touched with a 20-per cent. nitrate-of-silver solution.

Microscopically, they were found to consist of extensively hypertrophied and hyperplastic epithelium, into which the attenuated and hypertrophied papillæ were drawn—the usual picture presented by papillomata.

It is indeed remarkable that so little has been written about the so-called polyps of the male urethra.

In text-books on general or genito-urinary surgery their occurrence is either entirely ignored or only cursorily mentioned. There are only three cases on record in American literature of the last five years, viz.:

Harte, R. H., *A Contribution to the Tumors of the Urethra, with a Report of Two Cases.**

Eversole, *A Case of Vegetation in the Urethra removed by Aid of Endoscope.*†

Neither of these authors gives a description of the histology of the specimens.

Briggs, *A Case of Papillomatous Urethritis.*‡

Grünfeld is the one to whom we owe most of our knowledge about urethral polyps. He had observed eighteen cases in the male urethra up to 1881. Since then there have been only about eight cases reported by German authors which, where a microscopical examination had been made, were found to be papillomata, with the exception of one case reported by Neuberger,[#] which corresponded histologically with my first case.

* *Univers. Med. Mag.*, Philadelphia, 1888-'89.

† *St. Louis Polyclinic*, 1889.

‡ *Boston Med. and Surg. Jour.*, 1889.

Wiener med. Presse, 1889, No. 23.

Lately, Oberländer has published a very elaborate article on Urethritis Papillomatosa,* in which he maintains that polyps of the male urethra are not of rare occurrence, without giving the number of cases which he has observed. According to him, all such urethral growths are papillomatous, not fibromatous, and in consequence he wants to substitute the name "papillomata" for "polyps."

Von Antal has the opposite views, believing the majority of urethral polyps to be fibromatous.

Neither one has given a histological description of these growths.

In regard to the indefinite term "polyps" I would say that it is derived from the Greek (*πολυπούς*, many-footed), and it is not founded upon a histological basis. The name is simply used to designate a benign, more or less movable, outgrowth from the surface of a mucous membrane and not extending into the deeper tissues. The term is therefore a general term, and includes papillomata, fibromata, etc. Histologically, we find the polyps of the urethra, like those of other mucous membranes, composed of various tissues, and then they are called mucous, fibrous, angiomatous, adenomatous, or any combination of these. Commonly they are found to be fibrous, and are either papillary (*not papillomatous*), developing from the papillæ of the mucous membrane, or submucous, growing from the submucous tissue. Both consist of a stroma of fibrillary tissue in which connective-tissue cells and blood-vessels are imbedded. The whole is usually covered by a more or less thick layer of flattened or cylindrical epithelium, which, however, is not necessarily present. If the desquamation of the epithelium, for some reason or another, took place during the formation of the polyp, the latter may be connected with the adjacent part of the urethra by a capsule of connective tissue.

* *Monatshefte für prakt. Dermatologie*, 1889, Band x.

Papillomata of the urethra do not differ histologically in any way from those on the skin, or the so-called condylomata acuminata. Therefore they do not require any further description.

After a careful perusal of the scant literature on this subject, I conclude that papillomata are much oftener seen than the submucous fibromata. In fact, the case reported by Neuberger and my first case are the only fibromata of the urethra on record.

The papillomata are more vascular than the fibromata, and therefore bleed more easily, and, as they probably contain the nerve terminations, they are more tender.

As to the ætiology of the polyps, formerly the opinion was prevalent that all these tumors of the urethra were caused by a gonorrhœic infection. This is extremely natural when we consider that gonorrhœa is so widespread that it is extremely rare to find a patient suffering from urethral disturbances who has not at some time or other had gonorrhœa. We are only too prone to argue, "*post hoc, ergo propter hoc.*" Gonorrhœa is without doubt one of the principal ætiological factors, but by no means the only one. There are cases on record, and my first case is one of them, where urethral growths developed without a preceding gonorrhœa. Why may a polyp not develop independently of an infection as well in the urethra as in the nose or larynx? Furthermore, urethral polyps are much more common in the female urethra, where gonorrhœa is not so frequently found as in the male.

The symptoms of urethral polyps are identical with those of gleet and stricture and depend for the most part upon the location and size of the neoplasm. A polyp in the posterior urethra may give rise to the same subjective symptoms as urethro-cystitis—viz., frequent and painful

micturition and pollutions. Oberländer professes to have restored the *potentia coeundi*, which had been lost for several years, by the removal of posterior urethral polyps.

The subjective symptoms are usually not so pronounced when we find the trouble situated in the anterior part of the urethra. But I can easily understand that a polyp located in the bulb of the urethra, as in my first case, might produce the same symptoms as a severe stricture. The polyp acts as a foreign body on the mucous membrane, and may cause such a reflex contraction of the *musculus compressor partis membranaceæ* ("cut-off muscle") that the efforts of the patient to void his urine are absolutely fruitless. We then have the same picture as in a so-called spasmodic stricture. There seems to be a difference in the symptomatology of fibromatous and papillomatous polyps, inasmuch as the latter are more painful and bleed easier, for anatomical reasons already mentioned. Harte expressed a view, which I can confirm from my own cases and some others on record, that fibrous polyps occur in later life and are single, not specially sensitive, and show little tendency to bleed, whereas papillomata are more frequently found in early periods of life, are multiple, tender to the touch, and prone to hæmorrhage. A diversity of opinion exists, as I stated before, about the frequency of these urethral tumors. They are surely not so rare as most authors are inclined to think, and will be found oftener the more frequently the endoscopic method is used.

I can not share the view expressed by Oberländer that it is absolutely necessary to use an electro-endoscope for the diagnosis of polyps.

Ocular examination of the urethra, in order to become as popular as it deserves, must be simple and quick, especially in dispensary practice. We must use a method which does not require an expensive and complicated appa-

ratus with its attending difficulties. All we need is a tube, a reflector, and good light. Thus the examination does not take longer than a thorough testing of the urine for albumin and sugar, and does not require more time or skill than the examination of the larynx. It is to be hoped that the time is not far off when the endoscope will be considered as necessary an instrument in the diagnosis of urethral diseases as the laryngoscope is in the diagnosis of those of the larynx.

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